



INDIANA PROFESSIONAL LICENSING AGENCY
302 WEST WASHINGTON STREET, ROOM E034
INDIANAPOLIS, IN 46204

Name of sponsor	Date (<i>month, day, year</i>)
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A/T/D

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INSTRUCTOR NAME(S)	PA	A/T/D	INSTRUCTOR NAME(S)	PA	A/T/D

[illegible]

☐ Yes ☐ No

SIGNED: